

Marine Hull/Liability Claim Form

Marine

Commercial

The supply and acceptance of this form is not to be implied as an admission of liability on the part of Allianz.

Claim Number

Name of Insured	<input type="text"/>		
Contact Person	<input type="text"/>		
Home Phone No.	Work Phone No.	Mobile No.	
Email	<input type="text"/>		
Postal Address	<input type="text"/>		Postcode
Broker/Agent	<input type="text"/>		Phone No.
Policy No.	<input type="text"/>		Excess \$
Inception Date	Expiry Date		

Interested Parties: Is the vessel being claimed for under a Financial Agreement? Yes No

Name of Financier Contract No.

G.S.T.: Are you registered for GST purposes? Yes No A.B.N.

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? %

To what extent are you entitled to claim an Input Tax Credit on the GST for this vessel? %

Details of Insured Vessel:

Vessel Name	<input type="text"/>	Registration No.	<input type="text"/>	Sail No.	<input type="text"/>
Type of Vessel	<input type="text"/>	Motor Make	<input type="text"/>	Serial No.	<input type="text"/>
Motor Type	Inboard <input type="checkbox"/>	Outboard <input type="checkbox"/>	Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>	

Is there any other Insurance Policy that would indemnify you in respect of this accident? Yes No

If Yes, give details

Details of Damage to Insured Vessel:

Where can Vessel be inspected?

Name of Repairer

Address

Postcode

Telephone No. Estimate of Repair Costs \$

Prior to this incident, was the Vessel in a fit condition to be used and seaworthy? Yes No

Give details

Details of Person in Charge of Vessel:

Name Age years

Relationship to you

Address

Postcode

Phone No. (Home) Phone No. (work) Mobile No.

Boat Licence No. Expiry Date Place of Issue

Does the Person have any physical defect or infirmity in limbs, eyesight, or hearing, or have they ever suffered from a fit of any kind? Yes No

If Yes, give details _____

Was the Person injured? Yes No

If Yes, give details _____

Particulars of Incident Date _____ Time _____ am/pm

Place of Incident _____

Estimated Speed at Time of Accident _____ Km / Hour

Estimated Speed of other Craft at time of Accident _____ Km / Hour

Speed Limit in area of the Accident _____ Km / Hour

Give a general description of the Accident with all the circumstances and particulars	Diagram of Location of Accident/Loss (show direction of Vessels, Wind, Tide, etc.)
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Personal Injury: Name of Injured Person _____ Occupation _____

Age _____ Years Sex Male Female

Address _____

Postcode _____

Phone No. (Home) _____ Phone No. (work) _____ Mobile No. _____

Vessel Name _____ Registration No. _____ Sail No. _____

Describe where they were and how they were injured _____

Was treatment given at the scene of the incident? Yes No

If Yes, by whom (if ambulance or doctor, give details) _____

Was transport provided to hospital? Yes No

Details of Other Vessel

Vessel Name _____ Registration No. _____ Sail No. _____

Type of Vessel _____ Motor Make _____ Serial No. _____

Motor Type Inboard Outboard Petrol Diesel

Owner's Name _____

Address _____

Postcode _____

Name of the Insurer (if known) _____

Were there any passengers in the Other Vessel? Yes No How many? _____

Damage to Other Vessel or Property (Do Not Approach the Other Party to obtain this information)

Details of Damage _____

Has a Claim been made to you by a Third Party? Yes No

If Yes, give details _____

Person(s) injured in other Vessel

Name _____
Injury Details _____

Name _____
Injury Details _____

If you have received any written communication, do not answer. Please attach it to this Form.

Witness: Were there any witnesses to the event? Yes No (if yes, please complete the following)

Name _____
Address _____
_____ Postcode _____

Phone No. (Home) _____ Phone No. (work) _____ Mobile No. _____

Where was the witness? _____

Notifying Authority: Has the Accident or loss been reported to a Police or Maritime Services Officer? Yes No

Name of Officer _____ Time reported _____ am/pm Date _____

Police Station _____ Police Report/MSB No. _____

In your opinion, who was at fault? _____

Why? (Give details) _____

Has the person responsible ever had their licence endorsed, suspended or cancelled? Yes No If Yes, give details.

Was any liquor consumed by the person during the 12 hours before the accident? Yes No If Yes, give details.

History:

Have you or the person in charge of the vessel had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No

Have you or the person in charge had an accident or made a claim on a marine insurance policy in the last 5 years? Yes No

Have you or the person in charge been charged or convicted of any boating or marine offence in the last 5 years? Yes No

Have you or the person in charge been charged or convicted of any criminal offence? Yes No

If Yes to any history questions, please give details _____

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as

other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured

Date

Signature of Vessel Operator

Date